



Office of School Choice - Charter School Program Grant

CSP Microgrant Application (2026 Cohort)

Due January 31, 2027

Microgrant Application Information

Select the Microgrant for which you are applying. This should indicate which sections of the application must be completed.

Third-Party Review	NACSA Conference Travel	Both
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District Information

Please complete the following information.

District Information		
District		
Primary Contact Information (leads authorizing activities for the district)		
Name		
Title		
Email	Phone	

Charter Schedule and Procedures

Please provide the **public link** to the district's charter application, schedule, and procedures.

Charter Schedule and Procedures

Community of Practice Participation

Please provide the name(s) of district personnel who attended each Community of Practice convening.

NOTE: These personnel should work, at least in part, in charter authorizing and/or accountability.

March 3, 2026 (Virtual)	May 5, 2026 (Virtual)	July 14, 2026 (In-Person)	September 1, 2026 (In-Person)	November 3, 2026 (Virtual)	January 19, 2027 (In-person)

Third-Party Reviews

Please complete the following regarding the third-party reviewer used during the 2026-2027 Charter Application Cycle. Attach copies of the **paid invoices for the third-party vendor services provided** and the **Board Minutes** from which a recommendation was made.

Third-Party Review (if applicable)			
Vendor Name			
Applications reviewed during the 2026-2027 Charter Application Cycle			
Proposed School (Non-Profit)		Board Decision	
Total Costs of Third-Party Charter Application Review			
Cost per Application		Total cost for review of all applications	

NACSA Conference Travel

Please provide the name(s) of the Authorizing personnel that attended NACSACON (2026), along with the allowable reimbursable expenses incurred by the district. Please keep in mind that lodging costs that exceed the conference hotel rate will not be reimbursed. **Attach copies of all receipts for expenses.**

*Reimbursement of conference hotel block rate only, **GSA Per Diem rates

Certification

Please read the statement below.

Certification			
<p>I certify that I have the authority to submit this CSP Microgrant Application and that all information contained herein is complete and accurate. I recognize that any misrepresentation could result in disqualification and removal from the CSP Microgrant process. The person named as the contact person for the CSP Microgrant is so authorized as the primary contact for the CSP Microgrant application on behalf of the organization.</p>			
Name		Title	
Signature		Date	